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## SCULLY, SCOTT, MURPHY & PRESSER



To:	Examiner Tom Y. Lu	From:	John S. Sensny	
Faxc	703-746-7239	Pages:	17 (Including fax cover sheet)	
Phone:		Date:	4/2/2003	-
Re:	See Below	CC:		

## **AMENDMENT UNDER 37 C.F.R. §1.111**

## • Comments:

- Amendment Transmittal Letter (in duplicate)
- Amendment under 37 C.F.R. §1.111
- Authorization to Charge IBM (Burlington) Deposit Account
- Certificate of Transmission by Facsimile dated April 2, 2003

Applicant:

Edward W. Conrad, et al.

Serial No.: Filed:

09/512,570

February 24, 2000

For:

METHOD FOR MEASUREMENT OF FULL-TWO DIMENSIONAL

SUBMICRON SHAPES

Docket:

BUR919990152US1 (12769)

Dated:

April 2, 2003

JSS:gmj

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CERTIFICATE OF Applicant(s): Edward V	TRANSMISSION BY FAC V. Conrad, et al.	SIMILE (37 CFR 1.8)	Docket No. BUR919990152(12769)
Serial No. 09/512,570	Filing Date April 2, 2003	Examiner Tom Y. Lu	Group Art Unit 2621
Invention: METHOD F	OR MEASUREMENT OF FULI	-TWO DIMENSIONAL SUBI	MICRON SHAPES
I hereby certify that this	AME	NDMENT UNDER 37 C.F.R.	1.111
	nitted to the United States Patent	(Identify type of correspondence) and Trademark Office (Fax.)	No. 703-746-7239
_		and tradomark office (Fast	700 710 720
on April 2, 3 (Date)	2003		· ,
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		Gina John	nston
		Typed or Printed Name of Pers	
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	Note: Each paper must ha	ve its own certificate of mailing.	
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AMENDMENT TRANSMITTAL LETTER (Large Entity)  Applicant(s): Edward W. Conrad, et al.  Docket No.  BUR919990152US1(123)										
Serial No.		Filin	ng Date		Examiner		Group Art Unit			
09/512,570		1	1 2, 2003		Tom Y. Lu		2621			
Invention: METHOD FOR MEASUREMENT OF FULL-TWO DIMENSIONAL SUBMICRON SHAPES										
			ASSISTANT COM			ENTS:				
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.										
			CLAIMS A	S AMENI	DED					
	CLAIM	IS REMAINING	HIGHEST #	NL	JMBER EXTRA	DATE	ADDITIONAL			
	<del></del>	AMENDMENT	PREV. PAID FOR	1 CL/	AIMS PRESENT	RATE	FEE			
TOTAL CLAIMS	<del> </del>	8 -	20 =		······································	· · · · · · · · · · · · · · · · · · ·				
INDEP. CLAIMS	3		3 =		0)	x \$84.	<del>   </del>			
Multiple Depender	nt Claim		licable)   TOTAL ADDITIO				\$0.00 T \$0.00			
No additional fee is required for amendment.  ☐ Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed.  ☐ A check in the amount of to cover the filling fee is enclosed.  ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0456/IBM A duplicate copy of this sheet is enclosed.  ☐ Any additional filling fees required under 37 C.F.R. 1.16. ☐ Any patent application processing fees under 37 CFR 1.17.  ☐ Dated: April 2, 2003  ☐ Dated: April 2, 2003  ☐ Cedify that this document and fee is being deposited on with the U.S. Postal pervice as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents. Washington, D.C. (516)742-4343										
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